



# Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) – Phase 2

July 2017

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These stakeholder outcomes are aligned with Quality 2020<sup>1</sup>, and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

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<sup>1</sup> Quality 2020 - A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland - <https://www.health-ni.gov.uk/publications/quality-2020-ten-year-strategy-protect-and-improve-quality-health-and-social-care>

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## Executive Summary

In February 2011, the Belfast Health and Social Care Trust (Belfast Trust) initiated a recall of 117 dental patients, as a precautionary measure, following a review of the clinical performance of a senior consultant in one department of the Belfast Trust's Royal Dental Hospital (Dental Hospital).

An independent inquiry, chaired by Mr Brian Fee QC, was commissioned by the then Minister for Health, Social Services and Public Safety. The Dental Hospital Inquiry Report (June 2013) was published on 22 July 2013, and made 45 recommendations for improvement. A subsequent Dental Hospital Inquiry Action Plan (July 2013) (2013 Action Plan) was developed in response to the inquiry report by the then Department of Health, Social Services and Public Safety (DHSSPS), which identified 42 actions.

On 7 November 2013, the Chief Medical Officer (CMO) commissioned RQIA to undertake an independent review of the arrangements for clinical governance and patient safety in the Dental Hospital, centred on the 2013 Action Plan.

In 2014, RQIA conducted the above CMO-requested review (2014 RQIA Review) of the Dental Hospital and reported on the findings in December 2014. This review identified seven of the action points, as set out in the 2013 Action Plan, that could not be signed off as completed and committed to undertake a follow up review at an agreed future stage.

This report (the 2017 RQIA Review) outlines the opinions of the 2017 review team in relation to implementation of the seven action points from the 2013 Action Plan, not previously signed off during the 2014 RQIA Review<sup>2</sup>.

The 2017 review team notes that only limited work has been undertaken by the Belfast Trust in taking forward the seven action points.

Appointment to permanent consultant positions in oral medicine by the Belfast Trust is expected to be achieved by March 2017. These consultants will have a key input into the development of services and completion of the outstanding action points.

The key areas that the Belfast Trust still has to focus on include: completion of the refurbishment of the Dental Hospital; development of patient and staff outcome measures; the involvement of and feedback from service users; and establishment of arrangements supporting Personal and Public Involvement (PPI).

This report makes five recommendations that will contribute to the implementation of the outstanding action points from the 2013 Action Plan.

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<sup>2</sup> Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) – December 2014 - <https://www.rqia.org.uk/RQIA/files/e2/e2968fd6-51f0-41a7-acfa-d34a66a7c86b.pdf>

## Section 1 - Introduction

### 1.1 Context for the 2017 RQIA Review

In February 2011, the Belfast Health and Social Care Trust initiated a recall of 117 dental patients, as a precautionary measure following a review of the clinical performance of a senior consultant in one Department of the Dental Hospital. The Minister for Health subsequently announced that an independent inquiry into the matter would be established.

An inquiry panel chaired by Mr Brian Fee QC began the inquiry immediately. The inquiry panel was asked to evaluate the quality of care and the effectiveness of communication and to make recommendations on relevant improvements in these areas. Following an extensive investigation, the Executive Summary<sup>3</sup> from the Dental Hospital Inquiry (June 2013) report was published in July 2011. The full Dental Hospital Inquiry (June 2013) report<sup>4</sup> was delayed due to ongoing disciplinary and regulatory processes, but was published on 22 July 2013, and made 45 recommendations for improvement.

The development of an action plan commenced in response to the Dental Hospital Inquiry Executive Summary (2011), but its publication was deferred until the Inquiry closed and the final report published. However, the relevant leading and supporting organisations were already working to make progress in the implementation of the actions set out in the Dental Hospital Inquiry Action Plan (July 2013).

The 2013 Action Plan, sets out a requirement for independent assurance regarding its implementation. On 7 November 2013, the Chief Medical Officer commissioned RQIA to undertake an independent review of the arrangements for clinical governance and patient safety in the Dental Hospital in the Belfast Trust. That review (Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013), December 2014) was subsequently undertaken by an independent review team in February 2014.

In December 2014, RQIA published the findings from the 2014 RQIA Review<sup>5</sup>. Of the 22 actions the 2014 review team were to assess, only seven could not be signed off as completed. The 2014 RQIA Review also identified a further 13 recommendations for improvement that needed to be implemented alongside the actions within the 2013 Action Plan.

The 2014 review team acknowledged the positive steps taken by the Belfast Trust and the Health and Social Care Board (HSC Board) in relation to addressing the requirements of the 2013 Action Plan. While not all actions

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<sup>3</sup> Dental Hospital Inquiry Executive Summary - July 2011 - [http://archive.niassembly.gov.uk/researchandlibrary/deposited\\_papers/2011/dp869.pdf](http://archive.niassembly.gov.uk/researchandlibrary/deposited_papers/2011/dp869.pdf)

<sup>4</sup> Dental Hospital Inquiry Report - June 2013 - <https://www.health-ni.gov.uk/publications/dental-hospital-inquiry-report-june-2013>

<sup>5</sup> Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) - <https://www.rqia.org.uk/RQIA/files/e2/e2968fd6-51f0-41a7-acfa-d34a66a7c86b.pdf>

had been completed, the 2014 review team was told that these were to be addressed in the subsequent months.

The 2014 review team stated that they would revisit the Dental Hospital to confirm whether the outstanding items in the 2013 Action Plan had been completed and could be considered fully implemented. This 2017 RQIA Review will address those seven specific actions that were identified for follow up in the 2014 RQIA Review.

### **1.3 Terms of Reference**

The terms of reference for this review (2017 RQIA Review) are:

1. To review the implementation of seven specific actions from the Dental Hospital Inquiry Action Plan (July 2013) within the Belfast Trust, identified in the 2014 RQIA Review.
2. To provide assurance that sufficient progress has been carried out in relation to specific individual actions from the 2013 Action Plan, to assess these as completed.
3. To report on the findings from the review.

### **1.4 Exclusions**

The 2017 RQIA Review will not focus on the progress of implementation of the previous recommendations identified in the 2014 RQIA Review.

Circulars, guidance, standards, reviews and reports which arise during the course of this review will not be assessed as part of this review and will be highlighted for consideration in the future.

### **1.5 Review Methodology and Scope**

The methodology for the 2017 RQIA Review was designed to gather information about progress towards implementation of the specific actions contained within the 2013 Action Plan, which had previously been identified as incomplete. The methodology included the following steps:

- A questionnaire completed by the Belfast Trust identified progress towards implementation of the specific actions from the 2013 Action Plan for which the Belfast Trust had responsibility.
- Validation visit to the Belfast Trust to meet with representatives from senior management and senior leads responsible for services within the Dental Hospital.

- Publication of a report, to include findings from the 2017 RQIA Review and recommendations that may assist in the implementation of the 2013 Action Plan.

## Section 2 – Findings from the 2017 RQIA Review

The 2017 review team was asked to follow up on seven of the actions that were not signed off during the previous 2014 RQIA Review. The team was to give its opinion on whether sufficient progress had been made in relation to the implementation of these actions, to enable them to be signed off as completed.

This report outlines each of the seven identified actions from the 2013 Action Plan, the opinion of the 2017 review team in relation to whether the action can be signed off, and the reasons for the opinion. Where required, further recommendations for improvement have been made to assist the implementation of any outstanding actions.

2. Review the layout of clinical areas as part of the refurbishment programme planned over the next two years.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 2, Page 24**

### **Our opinion:**

The 2017 review team considered this action could not be signed off as complete.

### **Reasons for our opinion:**

The 2017 review team was advised that refurbishment work had been completed in a number of areas within the Dental Hospital, including clinical, administrative and waiting areas. The team was pleased to note that this had contributed to improvements in relation to patient confidentiality. The necessary redesign of the current oral medicine clinic, to facilitate patient confidentiality, necessitated a 40% reduction in the number of chairs available for consultations at any one time. The 2017 review team was advised that this had not impacted on the throughput of patients and that the referral to treatment time (RTT) for oral medicine clinics had been reduced from 50 weeks to 17 weeks.

The oral medicine workload has been managed by the effective application of appropriate referral criteria and active engagement with primary care practitioners. The Belfast Trust acknowledged that the current RTT time still exceeded the national target of nine weeks, and was higher than RTT times in other parts of the United Kingdom. However, the Belfast Trust identified that it is meeting its contracted volume of oral medicine activity as set by the HSC Board within the Service Budget Agreement (SBA). Evidence to support the reduction in RTT was submitted after the review visit upon request.

The 2017 review team was advised that the Dental Hospital has an annual capacity for oral medicine activity based upon a consultant service of 1.5

whole time equivalent (WTE). The SBA is therefore for 1,550 new patients and 3,000 review patients per annum.

At the time of this review, there were 563 patients<sup>6</sup> waiting for a first outpatient appointment in the oral medicine service. The 2017 review team was informed that the Oral Medicine Service had a shortfall of 232 new patient slots to meet a 9 week waiting list target for a new appointment. There were 39 routine new patient slots per week, and at the time, the longest wait for a new routine appointment was 17 weeks, while an urgent appointment was four weeks. The trust advised that all patients currently waiting on the New Patient Waiting List meet the agreed regional referral criteria for those patients to be referred to the Consultant Oral Medicine Service at the Belfast Trust. The 2017 review team would encourage the Dental Hospital to build on the good work achieved in relation to the RTT, and to continue to further reduce the number of patients on the waiting list.

The dental hospital is located within a building that is over 50 years old, and a significant proportion of the dental chairs are up to 15 years old, which exceeds the usual life expectancy of 10 years. The 2017 review team was informed of an agreed plan between the Belfast Trust and the then DHSSPS to replace the dental chairs. Funding was allocated by the then DHSSPS for the replacement of 42 dental chairs throughout the Dental Hospital. This funding did not include the capital allocation for the required installation, supportive engineering and mechanical services, or environmental upgrades. The Belfast Trust subsequently provided the capital shortfall.

After the visit, the 2017 review team was informed that, in line with the original plan, there are still approximately 50 chairs within the Dental Hospital that urgently require replacement due to their age and condition. In addition, all the associated clinical areas also need to be upgraded to at least the same standard as those recently refurbished. The 2017 review team was advised that the estimated cost to refurbish the remaining clinical areas and replace the dental chairs would be in the region of £3.5 million. The funding for this still needs to be agreed and identified.

The 2017 review team acknowledged the difficulties associated with funding, but considered that a more robust approach to the refurbishment of the Dental Hospital is required. The Belfast Trust should finalise a robust business plan that will outline a systematic programme of refurbishment, with sufficient recurrent funding to enable ongoing clinical practice, both within oral medicine and the wider Dental Hospital. The 2017 review team considered the refurbishment programme was directly linked to the modernisation of the Dental Hospital and its future sustainability.

The 2017 review team would recommend that the Belfast Trust try to complete as much of the refurbishment work as possible, prior to the upcoming review by the General Dental Council during 2018-2019.

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<sup>6</sup> Information supplied by the HSC Board.

Recommendation 1	Priority 1
<p>The Belfast Trust should undertake a formal review to identify the strategic infrastructure requirements within the Dental Hospital so that appropriate funding can be sourced. Such a review should focus on the specific capital, installation and refurbishment costs, both in the short term and in the longer term.</p>	

4a. Identify and develop patient and staff outcome measures, building on the work of the Belfast HSC Trust, e.g. Patient Experience Design methodology, and a staff wellbeing survey through IIP.

4b. Measures to be audited on a regular basis.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 4, Page 24-25**

**Our opinion:**

The 2017 review team considered these actions could not be signed off as complete.

**Reasons for our opinion:**

Based on the Belfast Trust’s questionnaire submission, there was limited evidence to support that much, if any, progress had been made in relation to the identification and development of patient and staff outcome measures. The 2017 review team noted the wide ranging group of policy documents submitted, although many of these were not specifically related to the Dental Hospital or the departments within it. The information did not provide adequate evidence of the implementation of the policies within the Dental Hospital.

During the discussions with the 2017 review team, it did become apparent that there were a number of areas within the Dental Hospital where work on outcome measures had been progressed. However, this could not be formally evidenced. One such example was identified in the polyclinic where outcome measures, such as number of discharges and monitoring of mouth ulcers, have been developed.

It was considered that the reliance on locums and delays in appointing to the permanent consultant posts, may have contributed to the lack of progress in developing outcome measures. The 2017 review team hoped that following new permanent consultant appointments, this would be progressed.

Due to the lack of identified and developed outcome measures, there was no evidence provided to support a programme of regular audit.

Recommendation 2	Priority 1
The Belfast Trust should establish a clear schedule for the identification and development of patient and staff outcome measures within the Dental Hospital.	

20c. Recruit and maintain a consultant led Oral Medicine service, and additional academic posts as interim measures.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 20, Page 31**

**Our opinion:**

The 2017 review team considered this action could be signed off as complete.

**Reasons for our opinion:**

The 2017 review team was pleased to note the successful appointment of a 0.5 WTE academic oral medicine consultant, who has been in post for the last six months. The 2017 review team also noted the later appointment of the National Health Service consultant (1.0 WTE), who will be taking up post on 20 March 2017.

A few weeks after the 2017 review team’s visit, the Belfast Trust confirmed that the National Health Service consultant was in post.

The 2017 review team hoped these appointments will provide the basis for a sustainable consultant workforce, which will facilitate the further development of the service.

23a. Ensure appropriate processes and sufficient funding are in place to meet the future service and academic needs of specialist consultant dental services.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 23, Page 32**

**Our opinion:**

The 2017 review team considered this action could not be signed off as complete.

**Reasons for our opinion:**

The 2017 review team discussed the arrangements that had been put in place since their last visit in 2014. The team was pleased to note that a formal

telemedicine contract has been established with the consultant maxillofacial radiology team in the Leeds Dental Institute. This has enabled continued specialist advice to benefit patients and staff in the Belfast Trust.

It was noted that the lack of permanent consultant staff has impacted on the processes for the identification and development of the future service and academic needs of specialist consultant dental services. The 2017 review team was advised that the newly established oral medicine team would be supported to develop this.

The review team has concluded that limited progress has been made in respect of this action, and that there is no formal vision or strategy available in relation to how the action could be achieved. Given the complexity of the funding arrangements associated with this service, it was difficult to identify how the future service could be appropriately funded.

The 2017 review team recommends that the Belfast Trust should develop both a formal vision for the future of the oral medicine department, and a strategy that supports the delivery of a high quality contemporary oral medicine service. The vision and strategy should be used in discussions with stakeholders, such as the DoH and the HSC Board, in developing the oral medicine service.

Recommendation 3	Priority 1
The Belfast Trust should develop both a formal vision for the future of the oral medicine department, and a strategy that supports the delivery of a high quality contemporary oral medicine service. Development of these should begin as soon as the consultant posts are in place.	

26. Clarify the process for the involvement of service users in the planning, development and monitoring of the services provided in the Dental Hospital /School of Dentistry.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 26, Page 34**

**Our opinion:**

The 2017 review team considered this action could not be signed off as complete.

**Reasons for our opinion:**

Whilst a PPI policy is available within the Belfast Trust, no specific local site or service policy has been developed for the Dental Hospital. The 2017 review team was advised that there were currently no PPI structures in place within the Dental Hospital. Consequently there is no active involvement of service

users in the planning, development and monitoring of the services provided in the Dental Hospital.

The 2017 review team was advised that PPI had been identified as a priority area by Belfast Trust during 2017-18, and that the Dental Hospital is part of that priority.

The 2017 review team was disappointed that no progress had been made in relation to PPI since their last visit in 2014, and considered that the Dental Hospital should have been more proactive in developing their PPI arrangements. In waiting for the trust corporate teams to roll out PPI, the 2017 review team considered that the Dental Hospital was missing an opportunity to establish PPI arrangements specific to their service and patient groups.

31. Review operation of PPI policy to ensure that local procedures meet statutory duty of involvement.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 31, Page 35**

**Our opinion:**

The 2017 review team considered this action could not be signed off as complete.

**Reasons for our opinion:**

Within the Dental Hospital, no arrangements have been established for PPI. The 2017 review team was advised that the trust wide PPI arrangements covered the Dental Hospital. No evidence was provided in relation to compliance with the statutory duty of involvement<sup>7</sup> within the Dental Hospital.

Recommendation 4	Priority 1
A simplified Personal and Public Involvement (PPI) Policy should be developed which is specific to the Dental Hospital.	

<sup>7</sup> Guidance for HSC organisations on arrangements for implementing effective personal and public involvement in the HSC – 20 September 2012 – DHSSPS Policy Circular – reference: HSC (SQSD) 03/2012 - [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2003-12\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2003-12_0.pdf)

33. Look at user experience within the teaching environment - feedback into both the PPI and CDE process.

**Action Plan (2011-2014) in Response to the Dental Hospital Inquiry – July 2013 – Action Point 33, Page 36**

**Our opinion:**

The 2017 review team considered this action could not be signed off as complete.

**Reasons for our opinion:**

The evidence of service user experience being sought and used within the teaching environment was limited. The 2017 review team was provided with evidence of a service user questionnaire and was informed that service users' views are collated annually, for each year group of dental students. The 2017 review team was pleased to note that service user feedback on student interactions was sought; however, would like to see feedback sought and used on a more frequent basis.

As PPI arrangements were not in place, the trust could not evidence how service user feedback was sought and used to inform PPI.

<b>Recommendation 5</b>	<b>Priority 1</b>
The Belfast Trust should establish more robust arrangements for obtaining service user feedback, and integrating the feedback into the PPI process.	

## Section 3 – Conclusions and Recommendations

### 3.1 Conclusions

The 2017 review team was disappointed with the limited progress that has been made in relation to implementing the seven outstanding actions from the 2013 Action Plan, since the 2014 RQIA Review. The 2017 review team was also disappointed with the standard of the questionnaire submitted by the Belfast Trust, which should have identified progress towards implementation of the specific actions from the 2013 Action Plan, but had limited information detailed within it. It has been almost three years since the 2014 RQIA Review, and the team considered that more progress could have been achieved.

While some areas within the Dental Hospital have been refurbished, and improvements to patient confidentiality have been made within the oral medicine department, much of the refurbishment work has not yet started. However, it was acknowledged that there have been challenges associated with the refurbishment. The 2017 review team considered that the lack of a suitable strategic plan associated with the infrastructure of the Dental Hospital would impact on the refurbishment programme and the modernisation of the Dental Hospital.

While some changes to clinical layouts had resulted in a reduction in the number of chairs available for consultations at any one time, the 2017 review team was pleased to note the reduction of RTT time for oral medicine clinics. The RTT reduction was achieved through the effective application of appropriate referral criteria and active engagement with primary care practitioners.

It was evident that little work had been undertaken to build on the good work identified during the 2014 RQIA Review, in relation to patient and staff outcome measures. Although it is hoped that this will progress when the permanent consultant appointments are in post, the 2017 review team recommended that a schedule for this work be established.

The 2017 review team was pleased to note the successful appointment of an academic oral medicine consultant, who has been in post for the last six months, and the additional appointment of a National Health Service consultant, who took up post on 20 March 2017. The 2017 review team hoped these appointments will provide the basis for a sustainable consultant workforce, which will facilitate the further development of the service.

Work on the future service and academic needs of specialist consultant dental services, is not due to commence until both consultants are in post. With the consultants leading on developing these services, the 2017 review team hoped that service improvement will be quickly identified and realised.

No work has progressed in relation to developing PPI arrangements within the Dental Hospital. Although some work has been undertaken to obtain service

user feedback, the 2017 review team felt more user engagement is required if it is to influence meaningful change in practice and help to inform PPI activities. The 2017 review team recommends that the Dental Hospital takes a more proactive approach to establishing appropriate PPI arrangements.

The 2017 review team is mindful that the new consultant team will have an input into and responsibility for several of these actions, and will require time to formulate a plan for implementation. After the review, the Belfast Trust indicated that an action plan would be developed to take forward the recommendations from this report. Following review of the new action plan from the Belfast Trust, RQIA will liaise with the DoH before the end of 2017, to determine whether any further action in relation to external assurance is necessary.

RQIA wishes to thank the management and staff from the Belfast Trust for their cooperation in undertaking this review.

### 3.2 Summary of Recommendations

The recommendations identified during the review have been prioritised in relation to the timescales in which they should be implemented.

Priority 1 - completed within 6 months of publication of report

Priority 2 - completed within 12 months of publication of report

Priority 3 - completed within 18 months of publication of report

Implementation of the recommendations will improve the services delivered within the Dental Hospital.

<b>Rec. Number</b>	<b>Recommendation</b>	<b>Priority</b>
1	The Belfast Trust should undertake a formal review to identify the strategic infrastructure requirements within the Dental Hospital so that appropriate funding can be sourced. Such a review should focus on the specific capital, installation and refurbishment costs, both in the short term and in the longer term.	Priority 1
2	The Belfast Trust should establish a clear schedule for the identification and development of patient and staff outcome measures within the Dental Hospital.	Priority 1
3	The Belfast Trust should develop both a formal vision for the future of the oral medicine department, and a strategy that supports the delivery of a high quality contemporary oral medicine service. Development of these should begin as soon as the consultant posts are in place.	Priority 1
4	A simplified Personal and Public Involvement (PPI) Policy should be developed which is specific to the Dental Hospital.	Priority 1
5	The Belfast Trust should establish more robust arrangements for obtaining service user feedback, and integrating the feedback into the PPI process.	Priority 1

## Appendix 1 - Abbreviations

2013 Action Plan	- Dental Hospital Inquiry Action Plan (July 2013)
2014 RQIA Review	- Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) – December 2014
Belfast Trust	- Belfast Health and Social Care Trust
CMO	- Chief Medical Officer
Dental Hospital	- Royal Dental Hospital
HSC	- Health and Social Care
HSC Board	- Health and Social Care Board
PPI	- Personal and Public Involvement
RQIA	- Regulation and Quality Improvement Authority
RTT	- Review to Treatment Time
WTE	- Whole Time Equivalent

## RQIA Published Reviews

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Individual review reports can be accessed at:

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Specific Reviews that are relevant to this review:

Review	Published
Review of the Implementation of the Dental Hospital Inquiry Action Plan 2011	December 2014



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